

File Original and First Copy with
Department of Ecology
Second Copy—Owner's Copy
Third Copy—Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. ~~008-117~~

28/3/90

Water Right Permit No.

(1) OWNER: Name GORDON ERICKSON Address 3695 So Belles Beach Rd Tract 4ND 98260

(2) LOCATION OF WELL: County ISLAND SW SE Sec 9 T. 28 N., R. 3E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address)

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one)
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6" inches.
Drilled 130 feet. Depth of completed well 122 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 95 ft.
Welded ☒ Diam. from _____ ft. to _____ ft.
Liner installed ☐ Diam. from _____ ft. to _____ ft.
Threaded ☐ Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☐

Type of perforator used _____
Size of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Smith Model No. S-S-welded
Type Slotted
Diam. 6" Slot size 8 slot from 110' ft. to 100' ft.
Diam. 6" Slot size 10 slot from 100' ft. to 95' ft.

Gravel packed: Yes ☒ No ☐ Size of gravel 10' 5" casing
Gravel placed from _____ ft. to TAK P.C. 10-130

Surface seal: Yes ☒ No ☐ To what depth? 30 ft.

Material used in seal Benofic

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____ H.P.
Type: _____

(8) WATER LEVELS: Land surface elevation _____ ft.
Static level 74' ft. below top of well Date _____
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☒ No ☐ If yes, by whom? Driller
Yield: 20 gal./min. with 10' ft. drawdown after 2 1/2 hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____

Sailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.

Air test _____ gal./min. with stem set at _____ ft. for _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
TOP SOIL	0	2
SAND BROWN	2	25
HARD PAN-W-CLAY GR.	25	60
HARD PAN GR	60	90
COURSE GRAVEL GR	90	100
MED SAND GR	100	110
SILT + CLAY GR	110	130

RECEIVED

SEP 23 1992

DEPT. OF ECOLOGY

RECEIVED

OCT 02 1992

DEPT. OF ECOLOGY

Work started 9/11/92, 19. Completed 9/17/92, 19.

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

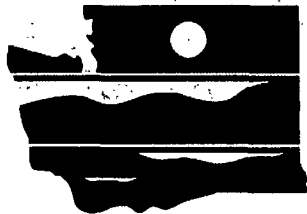
NAME ARNOLD'S PLUMBING & Septic
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address _____

(Signed) Joe H... License No. 264
(WELL DRILLER)

Contractor's Registration No. 562-2859 Date 9-19, 19 92

(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: APH013

RECORD VERIFICATION (check ☒ one)

- ☒ Well Report available *(please attach this form to the well report and submit it to the Ecology Regional Office near you)*
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

Name: Erickson Ranch

RECEIVED

Street Address: 3695 S BELLS BEACH RD

APR 05 2007

City: LANGLEY

State: WA

DEPT. OF ECOLOGY

WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: 7980 Headlands Wy/R32809-065-3280

City: Clinton

County: Island

T. 28N

R. 03E W.M.

Sec. 09

SW 1/4 of the SE 1/4

FOR AGENCY USE ONLY

Latitude: 47 55.44004

Longitude: 122 25.69492

Elevation at land surface 276 feet meters (circle one)

Additional Information, if available:

☐ Location marked on topographic map *(please attach)*

☐ Location marked on air photo *(please attach)*

- ☒ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated

- ☐ Digital Altimeter
- ☐ Topographic Map
- ☒ Other: Computer Generated from DEM and GPS XY Coordinates

Tag placed and well
GPS'd by:



FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

Erickson Ranch. Take Dirt Road To The Right Just Before Black Dog Address Sign. Go All The Way Down, Pumphouse Is On Right

Location of Well Identification Tag:

Was supplemental tag needed for easy of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

SECTION: 28N/03E-09

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued:

Circle One:

Application

Permit

Certificate

Claim

Exempt

File Original and First Copy with
Department of Ecology
Second Copy—Owner's Copy
Third Copy—Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. ~~10011~~

20/3/92

Water Right Permit No.

(1) OWNER: Name GORDON ERICKSON Address 3695 So BELLE BEACH RD TRACEND 98260

(2) LOCATION OF WELL: County ISLAND SW SE Sec 9 T. 28 N. R. 3E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address)

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☐ Irrigation ☐ Test Well ☐ Other ☐
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(4) TYPE OF WORK: Owner's number of well (if more than one)
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Welded ☒ Diam. from ft. to ft.
Liner installed ☐ Diam. from ft. to ft.
Threaded ☐ Diam. from ft. to ft.

Perforations: Yes ☐ No ☐

Type of perforator used

SIZE of perforations in. by in.

perforations from ft. to ft.

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Screens: Yes ☒ No ☐

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Type Slotted Model No. S-S-Welded

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Diam. 6" Slot size 10 slot from 100' ft. to 95' ft.

Gravel packed: Yes ☒ No ☐ 10' 5" Casing

Gravel placed from ft. to TAK P.C. 10-120

Surface seal: Yes ☒ No ☐ To what depth? 30 ft.

Material used in seal Benafic

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? Depth of strata

Method of sealing strata off

(7) PUMP: Manufacturer's Name

Type: H.P.

(8) WATER LEVELS: Land-surface elevation above mean sea level ft.

Static level 74' ft. below top of well Date

Artesian pressure lbs. per square inch Date

Artesian water is controlled by (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☒ No ☐ If yes, by whom? Driller

Yield: 20 gal./min. with 10' ft. drawdown after 3 1/2 hrs.

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

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OCT 02 1992

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NAME ARNOLD'S PLUMBING & SEPTIC
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address

(Signed) Joe H... License No. 264
(WELL DRILLER)

Contractor's Registration No. 6600562-2854 Date 9-14, 1992

(USE ADDITIONAL SHEETS IF NECESSARY)